

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER		16	1-25-99
FORMALITY REVIEW	JTB	60909	2-2-99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	7 01 6 9 3 11
1	00 01 01 01 01 01
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23	N
24	✓ ✓ ✓ ✓ ✓ ✓
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34	✓ ✓ ✓ ✓ ✓ ✓
35	N
36	N
37	N
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39	N
40	N
41	N
42	N
43	N
44	N
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46	N
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48	N
49	N
50	N

Claim	Date
Final Original	7 01 6 9 3 11
1	00 01 01 01 01 01
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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